${\bf Application} \ {\bf or} \underline{{\bf D}} {\bf ocket} \ {\bf Number}$ 

## PATENT APPLICATION FEE DETERMINATION RECORD

			10721577										
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TC	OTAL CLAIMS	1	21			-	RA	TE	FEE	1	RATE	FEE	
FC	 )R		19	NUMBER FILED .		BER EXTRA	BASI	C FEE	385.00	OR	BASIC FEE	<del>}</del>	
тс	OTAL CHARGEA	ABLE CLAIMS	21 - mir	ス/ — minus 20=		* /		9=	9,50	1	V040		
INC	DEPENDENT C	LAIMS	3- mi	inus 3 = .	*6		X4	3=	1-1100	OR	Voc		
MU	JLTIPLE DEPEN	NDENT CLAIM PI	RESENT		<i></i>		+.14	<del></del>		OR			
* If	the difference	in column 1 is	less than ze	less than zero, enter "0" in column 2				TAL	394.0	J 1	TOTAL		
	. С		MENDEC	MENDED - PART II							OTHER		
	т	(Column 1)		(Colun		(Column 3)	SMA	YLL I	ENTITY	OR	SMALLE		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA	RA	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	*	Minus	**		=	X\$ :	9=		OR	X\$18=		
AME	Independent	* ENTATION OF MU	Minus	*** PENDENT	- OL AIM	=	X43	3=		OR	X86=		
	FIRST PRESE		+14	5=		OR	+290=						
				DTAL		<b>┤</b> ॢ'	TOTAL						
		(Column 1)		(Colum	nn 2)	(Column 3)	ADDIT.	FEE	<u></u>	1- ,	ADDIT. FEE L		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	EST BER DUSLY	PRESENT EXTRA	RAT	ſΈ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	*	Minus	**		=	X\$ 9	9=		OR	X\$18=		
AME	Independent	* INTATION OF MU	Minus	***	OL AINA	=	X43	3=		OR	X86=		
	FINOI FILOL	NIATION OF IVIO	ILIPLE DL	ENDEM	CLAIIVI		+145	5=	i,	OR	+290=		
							TO ADDIT.	TAL FEE		L	TOTAL ADDIT. FEE		
		(Column 1)		(Colum	nn 2)	(Column 3)	Mar	- L		-	1001		
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	EST BER DUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	**		=	X\$ 9	)=		OR	X\$18=		
AME	Ind pendent	*	Minus	***	21 414	=	X43	=		OR	X86=		
_1	FIRST PHESE	NTATION OF MU	ILTIPLE DEP	ENDEN	CLAIM		+145	;_		OR	+290=		
* If	f the entry in colur	mn 1 is less than the mber Previously Pai	e entry in colur	mn 2, write	"0" in col	umn 3.	TO	TAL			TOTAL		
***	If the "Highest Nur	mber Previously Pa mber Previously Paid mber Previously Paid	aid For" IN THIS	S SPACE is	s less thar	n 3, enter "3."	ADDIT. F				ADDIT. FEE <b>L</b> umn 1.		